**FORM M4 – CCT**

**APPLICATION FOR MEMBERSHIP**

Membership (MFOM) can be awarded only after you have completed all the relevant components of higher specialist training in occupational medicine. These are:

* For those who enrolled in an approved higher specialist training post pre August 1st 2007 – satisfactorily completing a minimum of 4 years training in a Faculty of Occupational Medicine (FOM) approved post (sitting and passing the AFOM or part 2 of the Membership Examination) and the submission of a dissertation of a satisfactory standard in bound copy form.
* For those who enrolled in an approved higher specialist training post after August 1st 2007 – satisfactorily completing a minimum of 4 years training in a FOM approved post (sitting and passing the Part 1 and 2 Membership Examination) and the submission of a dissertation of a satisfactory standard in bound copy form.

As well as the M4 Form, please ensure you have submitted to FOM your form of faith, ARCP Outcome 6 and your bound dissertation. We will then forward a recommendation to the General Medical Council (GMC) for you to be awarded a Certificate of Completion of Training (CCT). You can then apply for entry on to the Specialist Register. **Please note:** it can take up to six weeks to make the recommendation once we have received all your necessary documentation.

PERSONAL DETAILS

|  |
| --- |
| Surname: |
| Forenames: |
| Address: (for correspondence) |
|  |
|  |
| Telephone: |
| Email address:  |
| Date of Birth: |
| Date of full GMC Registration: |
| GMC Registration Number: |
| NTN Number: |

PRIMARY MEDICAL QUALIFICATION

Primary medical qualification:

Awarding body:

Date awarded:

TRAINING DETAILS

Please list all posts held since enrolment onto the Occupational Medicine training programme. State and provide details of all periods of absence longer than one month.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| FOM/PMETB Training post code number | Title of post /Grade | Hospital/Institution /Company | Dates held (mth/yr) | Supervising Consultants/Trainer | Brief account of duties as SpR/StR |
|
|  |  |  |  |  |  |

**TRAINEE DECLARATION**

I understand that one copy of my thesis/dissertation/published work (delete as appropriate) must be bound according to the Regulations for preservation in the FOM Library before Membership will be granted. The Certificate will not be dispatched until the certificate fee, all required documentation and forms, including the Form of Faith (in accordance with Standing Order 2.8) have been received by FOM, the MFOM date calculated and the application approved by FOM’s President and Academic Dean.

Signature:

Name: Date:

**EDUCATIONAL SUPERVISOR**

I confirm that

has completed the programme approved by FOM.

Signature:

Name: Date:

**REGIONAL SPECIALTY ADVISOR**

I confirm that

has completed the minimum requirement of 4 years SpR/StR training in occupational medicine.

Signature:

Name: Date:

**The completed form should be sent by email to** **training@fom.ac.uk** **or by post to Faculty of Occupational Medicine, 3rd Floor, New Derwent House, 69 – 73 Theobalds Road, London, WC1X 8TA**